



Correctional Health Services Care Transitions Programs

LA COUNTY DEPARTMENT OF HEALTH SERVICES

Care Transitions

- ▶ Unit developed in 2016 as part of establishment of DHS Correctional Health Services
- ▶ Umbrella for 4 programs with separate funding sources and slightly different but overlapping target populations
- ▶ Provides release planning in all LA County jail facilities and linkage to community services upon release
- ▶ In FY 2019-2020, served 15,983 unduplicated individuals (among over 100,000 annual jail releases)
- ▶ Target most vulnerable - experiencing health or mental health issues, substance use disorders and/or homelessness

Care Transitions Programs



Referrals/triage for release planning

- ▶ All individuals with highest mental health acuity levels (P4 and P3) are referred, and P2 based on intake assessment.
- ▶ Algorithm applied to jail nursing intake responses to generate referral list for Whole Person Care Reentry
- ▶ Individuals answering “yes” to “are you homeless” at inmate classification referred to Homeless Initiative D2
- ▶ Referrals from jail medical providers, jail MH clinicians, Public Defenders, other service providers

Services and Linkages

- ▶ Needs/strengths assessment / level of care assessment for MH program patients / ASAM screening for SUD level of care
- ▶ Interim housing referrals – primarily to DHS Housing for Health B7 beds
- ▶ Referrals to SUD treatment – partnership with DPH Substance Abuse Prevention & Control (SAPC) contracted providers through shared process for jail referrals
- ▶ Referrals for residential MH and COD treatment through DMH Intensive Care Division or AB109 Post Release Services unit
- ▶ Medi-Cal applications/requests to unsuspend Medi-Cal submitted to DPSS in partnership with LASD

Services and Linkages, cont'd

- ▶ Applications for CA IDs from DMV, birth certificate from LA County, General Relief (DPSS), through LASD Community Transitions Unit
- ▶ Arrange coordinated releases and conditional releases to receiving providers
- ▶ Primary medical care and outpatient MH clinic appts.
- ▶ Point-of-release services at Whole Person Care release desk in Inmate Reception Center
- ▶ Transportation to programs, interim housing, or home upon release
 - 3 drivers/vehicles, TAP cards
- ▶ 30 day supply of release meds for WPC clients, hygiene kits, Narcan, Lifeline phone table in release lobby, resource packets, etc.

Post-Release Case Management

- ▶ Whole Person Care Reentry – warm handoff to Reentry Intensive Case Management Services (RICMS)
 - ▶ Approximately 100 Community Health Workers (CHWs) with lived experience of prior incarceration
 - ▶ Hired through 27 ODR-contracted Community-Based Organizations
- ▶ Homeless Initiative D2 – 4 CBOs (3 case managers each) conduct in-reach in jail and continue to work with clients in the community post-release

Challenges and Gaps

- ▶ Need for more resources in community to link clients to, particularly:
 - ▶ Interim housing beds
 - ▶ Residential MH treatment beds (IMD, ERS, COD)
- ▶ Unpredictability of release dates
- ▶ Length of time needed to secure placements
- ▶ Maintaining contact after release
- ▶ Sustainability of programs – mostly short-term funding sources
- ▶ Reaching about 20% of jail population

Other Release Planners

- ▶ ODR – works with courts/justice partners for diversion into ODR-contracted treatment beds
- ▶ DMH Mental Health Court Linkage program at courthouses
- ▶ SAPC-contracted Client Engagement and Navigation Services (CENS) located at courthouses
- ▶ Court-contracted for-profit agencies
- ▶ HIV Transitional Case Management program
- ▶ Some EBI (Education-Based Incarceration) programs in jail

Contacts

- ▶ Care Transitions referrals and inquiries
caretransitionsreferrals@lasd.org
(accessed by DHS staff only)
- ▶ Karen Bernstein – Director, Care Transitions
KBernstein@dhs.lacounty.gov